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ABSTRACT

For many years, social agencies and mental health professionals have been frustrated in their attempts to treat acting-out or delinquent youth. Proposed alternatives have usually resulted in minimal parental involvement in therapy and have also required that the adolescents leave their respective communities in order to be treated. The Adolescent Residential Treatment and Education Center, or ARTEC, in Salt Lake City, Utah, is one approach to this problem and preliminary research indicated that it is providing an effective and needed service to the people of Utah. By combining various therapeutic approaches with a special educational program, ARTEC has been able to demonstrate that behavioral change is possible and measurable in a residential treatment setting. (Author)

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ARTEC: AN ALTERNATIVE TO INSTITUTIONALIZATION

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ARTEC: An Alternative to Institutionalization

Statement of the Problem

For many years, social agencies have been frustrated in their attempts to treat acting-out or delinquent youth who cannot be maintained in their own homes. Use of facilities such as detention centers, industrial or reform schools, or state hospitals, has resulted in minimal parental involvement in therapy, and also usually required that the adolescents leave their respective communities in order to be treated. Such treatment plans have created a split between parents and teenagers, rather than attempting to reintegrate the youth into the family, school, and community-at-large.

In Salt Lake City, several state, local, and federal agencies have developed an alternative to this kind of treatment plan, namely, the Adolescent Residential Treatment and Education Center, or ARTEC. This alternative to institutionalization involves a 24-hour residential treatment center approach utilizing individual, group, and most importantly, family therapy within the adolescent's community. In addition, a special educational program geared to individual academic needs has been made an integral part of the ARTEC program, along with a behaviorally-oriented milieu therapy component.

Subjects

In March of 1975, the first 4 residents were admitted into ARTEC. Since that time, 57 adolescent females and 38 adolescent males, ages 12 to 17, have been involved in the two residential programs for females and males, both located in Salt Lake City, Utah. Each of the residents is screened prior to admission in order to select the most appropriate individuals for treatment in our residential setting. Generally, those adolescents diagnosed as either overtly psychotic, mentally retarded, or organically impaired at the time of their evaluation interview are rejected for placement at ARTEC. Those individuals

are referred for treatment at other facilities within the State of Utah, facilities considered to be better suited to deal with such individuals. Also, any applicants who are functioning well enough to remain in their own homes, or in foster homes, are also rejected for placement.

Procedure

The major elements of the treatment program at ARTEC are fourfold; traditional therapy, academics, milieu, and recreational therapy.

Psychotherapy: The therapy at ARTEC is eclectic in approach, utilizing psychoanalytically-oriented individual therapy, transactional-analysis and small group dynamics in the group therapy component, and a systems approach in working with families. Professional and para-professional staff members constitute the treatment teams, with a single therapist being responsible for the individual treatment of a particular resident. Various other staff members assume the roles of co-leaders in family and group therapy.

Academics: The educational program is geared to the individual strengths of the residents, placing them at different levels of performance in various subject areas. Consequently, a particular resident may be working on 7th grade material in English, 4th grade assignments in math, and perhaps a 10th grade level in science. Special education teachers are provided by the local school district, with additional classroom help being provided by volunteers, graduate students, and student teachers. Daily performance is measured by a point system, from Level 0 to Level III, corresponding to a level system which regulates the milieu therapy component of the program.

Milieu Therapy: The milieu therapy at ARTEC is formulated on a level system basis, with new residents being admitted to the program on an Orientation level. At this motivational level, expectations are low and so are privileges,

however, both increase as a resident moves from Orientation to Level III. On Orientation, new residents become familiar with the program and staff members, acclimating themselves to the therapeutic community. After a minimum of two weeks, the residents are eligible for advancement to Level I, a behavioral level. On Level I, the expectations are higher, mainly in the areas of attitude, behavior, and conversation. Attitude refers to a general positive feeling towards self, others and to therapy. Behavior refers to actions within the program and within the community-at-large, including home and conversation being the nature of the resident's verbal communication with staff members, other residents, family members, and people in the community. After demonstrating some proficiency in these three areas, the Level I resident is eligible for home visits, allowance, and evening activities. The next level is a leadership phase. On Level II, residents are required to begin to demonstrate leadership by example, thus providing positive models for new residents and those on Level I. The resident attaining Level II is reinforced by increased allowance, extended home visits, and special activities. The final phase of the program, Level III, is considered a re-entry level, wherein a resident is preparing to return to the community. On this level, the residents are expected to demonstrate the ability to lead others, to make decisions concerning their return to public or alternative school, employment, and to their home and family. The time spent on these levels depends on progress made on individual goals.

Recreational Therapy: The fourth component of ARTEC, recreational therapy, is designed to introduce the residents to a variety of sports and group games, but also, to use the recreational activities as examples of social interaction, both positive and negative. Activities are planned, participated in, and discussed by all members of the group in order to have the residents experience a complete project from the planning stage on through a final critique of the activity.

In this way, the four elements of ARTEC, (psychotherapy, academics, milieu and recreational therapy), combine to form a diversified treatment program for the adolescents in residence, working towards reintegration of the residents into the community.

Results

In order to evaluate the effectiveness of the treatment program at ARTEC, the staff have utilized the Goal Attainment Scaling technique developed by Kiresuk and Sherman (1968). One of the unique features of this technique is that specific individual goals for each resident can be developed, making possible the measurement of the level of success for several different behaviors. Each resident's specific problems are presented on separate scales containing five treatment outcomes ranging from Best Anticipated Success with Treatment (+2), to Most Unfavorable Treatment Outcome Thought Likely (-2). The middle point (0) on these scales represents the Expected Level of Success with Treatment with the intermediate levels labeled More Than (+1) and Less Than (-1) Expected Level of Success with Treatment. An example of the Goal Attainment Scaling is represented by Table 1. The asterisk on each scale indicates the level at time of admission to ARTEC, and the check designates the level at the time of release from 24-hour care or graduation from the program. Analysis of 166 scales developed for (and by) the residents of ARTEC indicates that the average Goal Attainment Score for those who completed the program was 52.12, based on a mean of 50.00 and a standard deviation of 10.00 (Adams, 1977). Those who dropped out prior to graduation attained a score of 39.20, with scores for current residents falling between these two groups (mean score for residents: 42.47). In terms of individual scales, the graduates had a mean change score of +1.54 in comparison with a mean change score of +.78 for those who did not complete the program. Again, current residents maintained a position between graduates and drop-outs, with a mean change score of +1.23.

Based on this preliminary study, it appears that the ARTEC program is demonstrating that behavioral change is possible and measurable for acting-out adolescents in a residential treatment environment. It should also be noted that the data gathered using the Goal Attainment Scaling technique will continue to be analyzed in a longitudinal manner similar to a system in operation in the Martin Luther Residential Services Division of Wisconsin and Upper-Michigan, (Benedict, 1973), in order to determine if behavioral gains are maintained.

Conclusions

On the basis of preliminary research findings, ARTEC appears to be successful in working with acting-out or delinquent youth and their families. Since initiation of the program in 1975, ARTEC has worked with 95 adolescents, measuring behavioral change by using the Goal Attainment Scaling technique of Kiresuk and Sherman. Results of this study indicate that those adolescents who complete the program are able to re-join their families and community and experience less difficulty in meeting the demands of living than before their residence at ARTEC. Thus, the evaluation research supports the clinical impressions of the staff, and the comments of the families involved, that ARTEC is providing a very effective and needed service to the people of Salt Lake City.

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